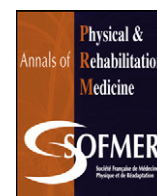




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Driving

Oral communications

CO49-002-e

Fitness to drive after acquired brain damage: Who should be assessed, and how?



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Acquired brain damage such as stroke, traumatic brain injury (TBI), brain anoxia or encephalitis may impair fitness to drive in no less than 300,000 adults every year in France. Identifying peoples at risk and addressing the assessment methods were priority concerns in context of the guidelines developed on behalf of the French Rehabilitation Medicine Society SOFMER, the French Higher Health Authority (HHA) and other groups of interest.

Objective To draw from the literature guidelines regarding who should benefit from an assessment of fitness to drive, and how this assessment should be conducted.

Method Two hundred and nine studies were analyzed among 326 references from the literature and discussed by a multidisciplinary work group. A preliminary draft was drawn, then submitted to a reviewing group and improved according to recommendations. Then guidelines were submitted to HHA.

Results Peoples with mild TBI are advised not to drive again within 24 hours after their TBI.

Three processes were defined:

- process A: medical examination aiming at detecting mild motor and/or cognitive impairments (Montreal Cognitive Assessment was recommended), and ensuring visual acuity and visual field;
 - process B: comprehensive fitness to drive assessment including medical examination, cognitive tests (attention, visual scanning, memory and executive functions) and a standardized on road assessment (a least 45 minutes, with different driving situations);
 - process C: medical advice from a designed general practitioner before a revalidation of the driving license by authorities.
- Peoples with transient ischemic attack or mild impairment after stroke, brain anoxia or encephalitis: 2 weeks delay before driving again and process A + C. Peoples with moderate to severe TBI, stroke, brain anoxia or encephalitis with significant impairments

needing rehabilitation: process B + C. Peoples with persistent neglect are urged to refrain from driving. Seizures and/or hemianopia are legal exclusions from driving.

Discussion-conclusion The committee emphasized the need for forthcoming studies providing French validated versions of international assessment battery such as: Stroke Driver Screening Assessment, as well as further information about driving simulators.

Keywords Automobile driving; Acquired brain injury; Assessment

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CO49-003-e

Return to drive after acquired brain damage: What support provided after assessment step?



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A consensus exists about the need of assessing effects of unprogressive acquired brain injury (stroke, traumatic brain injury, brain anoxia and encephalitis) on recovery of driving. It is a dynamic process in which the assessment is only one step. It should be completed in terms of conclusion by an individual support focused on the person. Identifying the place of rehabilitation, the accompanying terms, and the place of the person were concerns in context of the guidelines developed on behalf of the French Rehabilitation Medicine Society SOFMER, the French Higher Health Authority (HHA) and other groups of interest.

Aim With the aim of maintaining an optimal independence, to determine practical modalities of supporting people, whatever conclusions of the assessment (pass or fail).

Method Seventy-seven studies from literature analyzed among 326 references allow the development of a preliminary draft by a multidisciplinary work group. A formal notice was based on a reading group's recommendations then submitted to HHA.

Result In case of successful assessment: information on the administrative and financial procedures for the regularization of driving license. If technical aids are needed, it is necessary to learn